

## SOCIAL WORKER TRAINING WORKGROUP SUMMARY

Organizer: CDSS' Adult Programs, Quality Assurance (QA) Bureau  
Location: HHS Data Center, 9323 Tech Center Drive, Sacramento, CA  
Date: March 16, 2005  
Time: 9:30 a.m. to 12:30 p.m.

The meeting was attended by various state and county staff, advocacy groups, and social workers. Attendees signed in and received a folder containing an Agenda, Charter, the section of SB 1104 pertaining to training requirements, a summary of the previous workgroup, and a copy of PowerPoint slides entitled, "Developing IHSS Training."

Brian Koepp, Chief of the Adult Programs QA Bureau, commenced the meeting by welcoming attendees, reading the agenda, reviewing the previous minutes, announcing that CSUS was unanimously chosen as the training vendor, and making introductions.

Connie Bledsoe, CWDA representative for the Valley-Mountain Region, provided attendees with a Training Outline that was developed with the assistance of Orange, San Francisco, Fresno, and Stanislaus Counties. Ms. Bledsoe briefly discussed the contents of the Outline, which included recommendations and possible topics for inclusion in the training. The following summarizes the workgroup's discussion:

- Income eligibility. Much debate as to whether this should be included and to what extent.
- Confidentiality. Most agreed this should be part of the first module.
- IHSS Overview and brief history. Agreed it was important to give the historical perspective to IHSS.
- Definitions. Acronyms will be important in understanding the program, federal, state, county, medical definitions.
- Mandatory reporters. The group requested State perspective.
- Federal requirement. Important for social workers to know the federal funding and regulations. Time studies are tied to federal funding.
- Uniformity video. Possible to have this web based?
- In-Home operations. Independence Plus Waiver/PCSP.
- Worker's Compensation. Important issue to the counties.
- CMIPS training. A course in moving through the system.
- Alternative resources. There are other alternative resources than restaurant meal allowances. CSUS needs to be aware of this and incorporate into the curriculum. Need to look at formal vs. informal MSSP, AIDS, and many other issues as the whole part of the curriculum.

Joan Boomer, QA Consultant, then gave a PowerPoint presentation on Developing IHSS Training, which included suggestions made at the previous meeting, training subjects, overarching issues, general/specialized assessment practices, and data trends.

The following discussion ensued following regarding protective supervision:

Who receives protective supervision? Still a question for the counties. New medical certification form will determine. Problem is how to authorize. Possible need for an ACL as to what is or is not appropriate for protective supervision. How do you do the math? Pay is for 9 hours per day yet need is for 24 hours per day. How can this be resolved? How do you calculate hours for children? What is the responsibility of the parents? What do you do with recipients with behavioral disorders? (Regulations say you cannot authorize services for anti-social behavior). How do you differentiate between neurological disorders vs. environmentally-caused problems?

It was agreed that the training should be completed in two modules. Ms. Boomer then led a discussion to solicit input about which training topics should be included in the first training module. The following list was developed:

1. Definitions
2. IHSS program description
3. Domestic, related and personal care services
4. Assessment, Uniformity, Time per Task, H-Line, and Proration, including:
  - Interviewing techniques
  - Understanding cultural disabilities and common disabilities
  - Medications – how many a recipient is taking and in what (potentially dangerous) combinations
5. Paramedical services (overview on how hours are calculated)
6. Alternative resources

The workgroup agreed to not to include the following topics: computer/CMIPS training; Board & Care (non-medical B&C rate); and inter-county transfers).

Attendees were then given a handout entitled, “Questions for Counties in Developing the IHSS Training” and were instructed to discuss it with their respective regions and return the forms completed by March 30, 2005 via fax (916-229-3160) or email ([Andrea.Allgood@dss.ca.gov](mailto:Andrea.Allgood@dss.ca.gov)).

Brian then concluded the meeting by thanking all in attendance and confirmed that the next meeting would be held on June 28, 2005.

**SOCIAL WORKER TRAINING WORKGROUP  
ATTENDEES AT THE 3/16/2005 MEETING**

NAME	ORGANIZATION
Bledsoe, Connie	Merced County HSA
Chea, Sumbo	CSA
Corlan, Susan	Stanislaus County
Cowles, Ernest	ISR-CSUS
Dimachkie, Maher	DHS – Monitoring & Oversight
Duchen, Wendy	SEIU 434B
Garcia, Bertha	Stanislaus County – Adult Services
Griffin, Margaret	CDA
Kalcic, Diana	CWDA
Logsdon, Valoz	CSUS – ISR
Lynch, B.	Sacramento Public Authority
McInturf, Melody	Sacramento County IHSS/QA
Moore, Carlotta	CSUS – ISR
Morrill, Sandy	Valley Mountain Regional – Adult Services
Morris, Marley	CSUS – Continuing Education
Ng, Pamela	DHHS QA
Odda, Jarrett	Sacramento County IHSS – QA
Schwartz, Kathleen	Sacramento County IHSS – QA
Sturgill, Heather	Nevada County IHSS
Sutherland, Sandie	CSUS - ISR
Thao, Toua	Sacramento County IHSS – QA
Valencia, Floridalma	Sacramento County IHSS = QA
Vonk, Barbara	EDS
Walter, Lucy	IHSS



# Developing IHSS Training

# Why are we here today?

- To discuss Training Academy vendor selection
- To review efforts completed by Valley-Mountain Region of CWDA
- To review training subject recommendations
- To review some data trends
- To develop a training schedule for modules

# Why Develop Statewide IHSS Training?

- There is a *Legislative Mandate* to train all county IHSS staff
- There is a high level of *discrepancy* in authorization practices between counties
- IHSS has become so complex, *when new regulations are issued*, new modules need to be developed and presented to all staff
- Training modules need to be available for *new county staff*

# IHSS Training Subjects Recommended

- *Overarching Issues*
- *General Assessment Practices*
- *Specialized Assessments*
- *Issues of Gerontology*
- *Authorization Protocols*

# IHSS Training Subjects Recommended (2)

- *Documentation*
- *Income Eligibility*
- *Fraud Prevention and Detection*
- Other



# Overarching Issues

- Remember that the trainees are experienced workers – trainers should have “been there; done that”
- Use lots of case scenarios to make it real
- Share counties’ best practices
- Include training by people with disabilities

# Overarching Issues (2)

- State Hearings and making changes that can be sustained on appeal

# General Assessment Practices

- Interviewing techniques/how to get the info I need
- Uniformity process
- Assessing functioning when consumer has good and bad days

# General Assessment Practices (2)

- Authorizing for safety and the role of consumer choice / desires / preferences / culture
- Emotional issues of assessment and psychological effects of disease and dependency
- Improving independence (DMEs, alternative resources, etc.)

# Specialized Assessments

- Children
- Consumers with developmental disability
- Consumers with mental illness
- Consumers with dementia

# Issues of Gerontology

- Chronic conditions and their impact on functioning
- Grief/loss/depression
- Common prescriptions and identifying potential problems with meds
- Universal precautions

# Authorization Protocols

- Time per task
- Authorizing hours and authorization exceptions (A&A Spouse, Housemates)
- Changing authorization even if it reduces income to the provider
- Protective supervision
- Paramedical services

# Documentation

- To communicate to co-workers who may have to take action on your case
- To justify action at State hearing
- To show QC what action has been taken on case



# Income Eligibility

- Residual
- PCSP
- IHSS+ Waiver
- SSI → Medi-Cal budget comparison
- Increase of SOC because of Medi-Cal based budget and the effective date

# Fraud Prevention and Detection

- Identifying potential fraud
- Differentiation between fraud and overpayment
- Action if fraud is suspected
- Fraud investigation
- Referral

# Other

- Consumer inappropriate action (sexual harassment, verbal/physical abuse)
- Worker safety in the field
- Enhancing or improving general social work skills
- Death and dying and coping with emotionally difficult situations

## Other (2)

- IHSS+ Waiver and its requirements
- Caseload management and time management
- Effective case review by supervisors

# Data Trends

- Domestic authorization tends to be 6 hours per month for everyone
- Meal preparation tends to be 7 hours per week, regardless of functioning
- Bathing seems to be authorized to almost everyone – are changes appropriate with PCSP changes?

# Objectives of Group Discussion

- To identify assessment and authorization issues that should be addressed in the first phase
- To identify issues that need further definition in regulations before training
- To identify issues that are outside the scope of the IHSS Training Academy

# Questions for Counties

- Does the county prefer Regional or County-specific training?
- How many SWs and supervisory staff need to be trained?
- How many QC staff need to be trained?
- Does the County expect a change in staffing within the next 6 months?